

## NATICK BUILDING DEPARTMENT

### BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS

At the time of submittal *in addition to a fully completed Building Permit Application Form*, the following items must also be provided:

#### COMMERCIAL PERMITS-

- Control Documents signed and stamped by each discipline which will be performing construction at the work site (i.e. – Architectural, Structural, Mechanical, Electrical, Fire Alarm, Fire Protection Systems, Landscaping, etc.)
- Fire Protection Narrative
- 2 Sets of Stamped and Signed Building Plans *plus* 1 set on Disk
- Workers Compensation Insurance Affidavit
- Estimated Cost of Construction Affidavit
- Solid Waste Disposal Affidavit
- International Existing Building Code Section 104.2.1.1 Building Evaluation Review as per 780 CMR 34 if the building is undergoing any of the following; Renovation, Addition or Change in Use or Occupancy.  
(The existing building must be investigated and reviewed by a registered design professional in accordance with the 2009 International Existing Building Code).
- Energy Efficiency Compliance Report (ComCheck) (the project must be in compliance with Stretch Code requirements)

NOTICE - All Commercial Projects within the HIGHWAY MIXED USE ZONE (Rt. 9 corridor) -

- Any new construction, exterior renovations, signage, parking, lighting and landscaping shall be sent to the Planning Board for Site Plan Review and approval.

#### Certificate of Occupancy Requirements-

- Final Control Documents signed and stamped by each discipline which performed construction at the work site (i.e. – Architectural, Structural, Mechanical, Electrical, Fire Alarm, Fire Protection Systems, Landscaping, etc.)
- Final Inspections and sign-offs from;

Building	Fire Dept
Plumbing	Health Dept
Wiring	Assessor
- As-built set of plans on disk
- Final Cost of Construction Affidavit

Any Permit Application Submittals which are incomplete will not be accepted by this office.



**The Commonwealth of Massachusetts**  
**Town of Natick**  
Massachusetts State Building Code (780 CMR) Eighth Edition  
**Commercial Building Permit Application**

*Building Department Hours:*  
8am-5pm Mon, Tues & Wed.  
8am-8pm Thurs 8am-12:30pm Friday  
Ph: 508-647-6450

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**SECTION 1: LOCATION**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
No. and Street City /Town Zip Code Map Lot Zone

**SECTION 2: PROPOSED WORK**

If New Construction check here ☐ or check all that apply in the two rows below

Existing Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 1)

Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes ☐ No ☐

Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐

Brief Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING IS UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY**

Check here if an Existing Building Evaluation is enclosed ☐

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_  
Existing Hazard Index : \_\_\_\_\_ Proposed Hazard Index : \_\_\_\_\_

**SECTION 4: BUILDING HEIGHT AND AREA**

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

**SECTION 5: USE GROUP (Check as applicable)**

A: Assembly A-1 ☐ A-2r ☐ A-2nc ☐ A-3 ☐ A-4 ☐ A-5 ☐ B: Business ☐ E: Educational ☐  
F: Factory F-1 ☐ F2 ☐ H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐  
I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M: Mercantile ☐ R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐  
S: Storage S-1 ☐ S-2 ☐ U: Utility ☐ Special Use ☐ please describe below:

Special Use: \_\_\_\_\_

**SECTION 6: CONSTRUCTION TYPE (Check as applicable)**

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

**SECTION 7: SITE INFORMATION**

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way:  
Not Applicable ☐  
or Consent to Build enclosed ☐

Hazards to Air Navigation:  
Is Structure within airport approach area?  
Yes ☐ or No ☐

MA Historic Commission Review Process:  
If required, is their review completed?  
Yes ☐ No ☐

**SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY**

Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_ Occupant Load per Floor: \_\_\_\_\_  
Does the building contain a Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

**SECTION 9: PROPERTY OWNER AUTHORIZATION****Name and Address of Property Owner**

Name (Print) \_\_\_\_\_ No. and Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

**Property Owner Contact Information:**

Title \_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

The property owner hereby authorizes:

\_\_\_\_\_ Name \_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)****10.1 Registered Professional Responsible for Construction Control**

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

**10.2 General Contractor****Company Name:**

\_\_\_\_\_ Name of Person Responsible for Construction \_\_\_\_\_ License No. and Expiration Date \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Telephone No. (business) \_\_\_\_\_ Telephone No. (cell) \_\_\_\_\_ e-mail address \_\_\_\_\_

**SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))**

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Is a signed Affidavit submitted with this application? Yes ☐ No ☐

**SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE**

Item	Estimated Costs: (Labor and Materials)	<b>OFFICIAL USE ONLY</b>  Building Construction Cost = \$ _____  Building Permit Fee = Building Construction Cost x 0.015  Building Permit Fee = \$ _____  Date Paid: _____ Check No.: _____ Cash: _____
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	

**SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

\_\_\_\_\_ Please print and sign name \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Building Official to fill out this section upon application approval: \_\_\_\_\_  
Building Official \_\_\_\_\_ Date \_\_\_\_\_

### Department Approvals

Board of Health      Approved \_\_\_\_\_ Date \_\_\_\_\_  
DPW      Approved \_\_\_\_\_ Date \_\_\_\_\_  
Fire Department      Approved \_\_\_\_\_ Date \_\_\_\_\_  
Planning      Approved \_\_\_\_\_ Date \_\_\_\_\_  
Treasurer      Approved \_\_\_\_\_ Date \_\_\_\_\_  
Conservation      Approved \_\_\_\_\_ Date \_\_\_\_\_  
Assessor      Approved \_\_\_\_\_ Date \_\_\_\_\_

### Appendix 1

#### DEMOLITION OF STRUCTURES

Before a building or structure is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections. A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner.

The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

#### Property Location

\_\_\_\_\_  
No. and Street      City / Town      Zip      Map / Lot / Zone

For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pest Abatement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Appendix 2

This appendix is to be submitted with the building permit application.

### Checklist for Construction Documents\*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

\*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction.

Work started prior to approval shall be subject to triple the original permit fee.

### Registered Professional Contact Information.

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State    Zip	Discipline    Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State    Zip	Discipline    Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State    Zip	Discipline    Expiration Date



## Required Inspections and Site Review Document

As a condition of the building permit the following Inspections and Site Reviews identified by the building official are required for work per the 8<sup>th</sup> Edition of the Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Building Permit No.: \_\_\_\_\_

Required Inspections to be performed by the Building Official <sup>1,6</sup>			
Inspection	X	Inspection	X
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System <sup>2</sup>	
Concrete Slab/Under Floor		Carbon Monoxide System <sup>4</sup>	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump <sup>3</sup>	
Framing – Floor/Wall/Roof		Fire/Smoke Dampers	
Lath and Gypsum Board		Witness Special Inspections	
Fire/Smoke Resistant Assemblies		Accessibility (521 CMR)	
Energy Code Inspections		Manufactured Building Set	
Sheet Metal Inspections		Other:	
Emergency Lighting/Exit Signage			
All Means of Egress Components		Final inspection	
Required Site Review and Documentation for Portions or Phases of Construction <sup>1,6,7</sup> (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	X	Site Review and Documentation	X
Soil condition/analysis/report		Energy Efficiency Requirements	
Footing and Foundation (including reinforcement and foundation attachment)		Fire Alarm Installation <sup>2</sup>	
Concrete Floor and Under Floor		Fire Suppression Installation <sup>3</sup>	
Lowest Floor Flood Elevation		Field Reports <sup>5</sup>	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System <sup>4</sup>	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage			
Means of Egress Components		Other Special Inspections (Section 1704):	
Roofing, coping/System			
Venting Systems (kitchen and cleanouts, chemical, fume)			
Mechanical Systems			

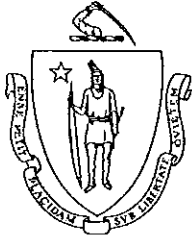
1. It is the responsibility of the permit applicant to notify the building official of required inspections (x). Inspection of 780 CMR fire protection systems may be witnessed by the fire official and installation permits are required from the fire department per 527 CMR.
2. Include NFPA 72 test and acceptance documentation
3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation
4. Include NFPA 720 Record of Completion and Inspection and Test Form
5. Include field reports and related documentation
6. Work shall not proceed, or be concealed, until the required inspection has been approved by the building official, and nothing within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.
7. Rough and/or finish inspections of electrical, plumbing, or sheet metal shall be inspected prior to rough and finish inspections by the building official.

I (type or print name) \_\_\_\_\_ am the building permit applicant and by entering my name below I attest under the pains and penalties of perjury that I have received this checklist of required inspections and approvals and will copy all individuals with 780 CMR 107 responsibility.

Signature: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature or type name if electronic signature

### Building Official Use Only

Building Official Name: \_\_\_\_\_ Date: \_\_\_\_\_



## Construction Control Progress Checklist

To be submitted at completion of required site reviews for  
construction progress per the 8<sup>th</sup> edition of the  
Massachusetts State Building Code, 780 CMR, Section 107

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Property Address: \_\_\_\_\_

I, \_\_\_\_\_ MA Registration Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
am a *registered design professional* and I or my designee have observed the following work, and to the best of my  
knowledge, information, and belief the construction work indicated below has been performed in a manner consistent with  
the approved plans and specifications.

Required Site Review and Documentation for Portions or Phases of Construction <sup>1,6</sup> (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	X	Site Review and Documentation	X
Soil condition and analysis		Energy Efficiency Requirements	
Footings and Foundation, including Reinforcement and Foundation attachment		Fire Alarm Installation <sup>2</sup>	
Concrete Floor and Under Floor		Fire Suppression Installation <sup>3</sup>	
Lowest Floor Flood Elevation		Field Reports <sup>5</sup>	
Structural Frame - wall/floor/roof		Carbon Monoxide Detection System <sup>4</sup>	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems (Special Inspection per Sections 909.3 and 909.18.8)	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage			
Means of Egress Components		Special Inspections (Section 1704):	
Roofing, coping/System			
Venting Systems (kitchen and cleanouts, chemical, fume)			
Mechanical Systems			

1. Indicate with an 'x' the work you reviewed for compliance with the approved plans and specifications and describe in detail below.

2. Include NFPA 72 test and acceptance documentation

3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation

4. Include NFPA 720 Record of Completion and Inspection and Test Form

5. Include field reports and related documentation

6. Nothing contained within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.

Description of Construction Work Observed<sup>a</sup>:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

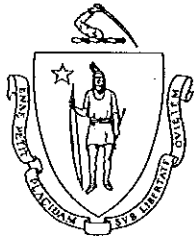
a Describe in sufficient detail the work (i.e. foundation steel reinforcing, kitchen vent system, etc.) and the location on the project site, and list if applicable, the submittal documents that pertain to the work which was inspected

Enter in the space to the right a "wet" or  
electronic signature and seal:

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Building Official Use Only

Building Official Name: \_\_\_\_\_ Date: \_\_\_\_\_



## Final Construction Control Document

To be submitted at completion of construction by a

**Registered Design Professional**

for work per the 8<sup>th</sup> edition of the

Massachusetts State Building Code, 780 CMR, Section 107

Project Title: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_

Property Address: \_\_\_\_\_

Project: Check one or both as applicable: ☐ New construction ☐ Existing Construction

Project description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ MA Registration Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_, am a  
*registered design professional*, and I have prepared or directly supervised the preparation of all design plans,  
computations and specifications concerning:

☐ Architectural ☐ Structural ☐ Mechanical  
☐ Fire Protection ☐ Electrical ☐ Other: \_\_\_\_\_

for the above named project. I, or my designee, have performed the necessary professional services and was present at the construction site on a regular and periodic basis. To the best of my knowledge, information, and belief the work proceeded in accordance with the requirements of 780 CMR and the design documents approved as part of the building permit and that I or my designee:

1. Have reviewed, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Have performed the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Have been present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work was performed in a manner consistent with the construction documents and this code.

Nothing in this document relieves the contractor of its responsibility regarding the provisions of 780 CMR 107.

Enter in the space to the right a "wet" or  
electronic signature and seal:

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Building Official Use Only

Building Official Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_ Date: \_\_\_\_\_



TOWN OF NATICK  
OFFICE OF THE INSPECTOR OF BUILDINGS  
13 East Central Street  
Natick, MA 01760  
Ph: 508-647-6450 Fax: 508-647-6444

ESTIMATED COST OF CONSTRUCTION DOCUMENT

In accordance with the provisions of the Massachusetts State Building Code, Eighth Edition, Section 105.3, the total estimated cost of the construction including all related construction costs\* of the building located at \_\_\_\_\_  
Amounts to \$ \_\_\_\_\_.

I, \_\_\_\_\_, being the person referred to as the owner identified below,  
do solemnly swear that the statements made herein are strictly true and correct and made in good faith.

\*Related construction costs include all work done with or concurrently with the work contemplated by the building permit including; Démolition, H.V.A.C., Plumbing, Electrical, Fire Protection, Painting, Carpeting, Landscaping and Site Improvements.

Furnishings and portable equipment are not part of the total construction costs; however a separate fixturing permit must be obtained prior to commencement work.

Signature of Owner \_\_\_\_\_

Commonwealth of Massachusetts

\_\_\_\_\_, s. s. \_\_\_\_\_ 20\_\_\_\_

Then personally appeared the above names \_\_\_\_\_  
And made oath that above statement is true.

Before Me,

\_\_\_\_\_  
Notary Public  
My Commission Expires: 20\_\_\_\_

TOWN OF NATICK  
OFFICE OF THE INSPECTOR OF BUILDINGS  
13 East Central Street  
Natick, MA 01760  
Ph: 508-647-6450 Fax: 508-647-6444

FINAL COST OF CONSTRUCTION DOCUMENT

In accordance with the provisions of the Massachusetts State Building Code, Eighth Edition, Section 105.3, the total estimated cost of the construction including all related construction costs\* of the building located at \_\_\_\_\_  
Amounts to \$ \_\_\_\_\_.

I, \_\_\_\_\_, being the person referred to as the owner identified below, do solemnly swear that the statements made herein are strictly true and correct and made in good faith.

\*Related construction costs include all work done with or concurrently with the work contemplated by the building permit including; Demolition, H.V.A.C., Plumbing, Electrical, Fire Protection, Painting, Carpeting, Landscaping and Site Improvements.

Furnishings and portable equipment are not part of the total construction costs; however a separate fixturing permit must be obtained prior to commencement work.

Signature of Owner \_\_\_\_\_

Commonwealth of Massachusetts

\_\_\_\_\_ S. S. \_\_\_\_\_ 20\_\_\_\_

Then personally appeared the above names \_\_\_\_\_  
And made oath that above statement is true.

Before Me,

\_\_\_\_\_  
Notary Public  
My Commission Expires: 20\_\_\_\_

TOWN OF NATICK  
OFFICE OF THE INSPECTOR OF BUILDINGS  
13 East Central Street  
Natick, MA 01760  
Ph: 508-647-6450 Fax: 508-647-6444

DEBRIS AFFIDAVIT

JOB SITE LOCATION: \_\_\_\_\_

In accordance with the provisions of MGL c40, §54, a condition of Building Permit Number \_\_\_\_\_  
is that debris from this work shall be disposed of in a properly licensed solid waste disposal facility as  
defined by MGL c111,2 §150A.

Name and Location of Facility: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

BUILDING DEPARTMENT

ENERGY CONSERVATION APPLICATION FORM

**STRETCH ENERGY CODE**

(780 CMR Appendix AA & IECC 2009)

COMPLIANCE FOR ONE & TWO-FAMILY RESIDENTIAL CONSTRUCTION

Applicant Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please check appropriate box:

☐ **New Construction** - 401.2 (1 & 2 family dwellings) requires a HERS index rating as verified by a RSNET certified HERS rater:

Name & Reg. # of HERS rater: \_\_\_\_\_

a. units  $\geq$  3000 sq ft of conditioned space, a HERS rating of 65 or less is required

b. units  $<$  3000 sq ft of conditioned space, a HERS rating of 70 or less is required

c. all units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist

☐ **Additions** (circle option #1 or option #2):

1. Prescriptive Option (401.3) shall conform to IECC 2009 Chapter 4 and demonstrate compliance with:

a. The Energy Star Qualified Homes Thermal Bypass Inspection Checklist

b. Fenestration u-factor requirements as listed in Energy Star Program for Doors, Windows & Skylights

c. Ducts sealed and tested with leakage  $\leq$  4 cfm per 100 sq ft of conditioned floor area

d. Indicate insulation R-Values and fenestration U-Factors below:

R-Values - Wall: \_\_\_\_\_ Ceiling: \_\_\_\_\_ Floor: \_\_\_\_\_ Slab: \_\_\_\_\_ Bsmnt Wall: \_\_\_\_\_

U-Factors - Windows: \_\_\_\_\_ Doors: \_\_\_\_\_ Skylights: \_\_\_\_\_

2. Performance Option (401.4):

& Reg. # of HERS rater: \_\_\_\_\_

a. units  $\geq$  3000 sq ft of conditioned space, a HERS rating of 65 or less is required

b. units  $<$  3000 sq ft of conditioned space, a HERS rating of 70 or less is required

c. all units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist

☐ **Alterations, Renovation or Repairs** (circle option #1 or option #2):

1. Prescriptive Option (401.5) shall conform to IECC 2009 Chapter 4 and demonstrate compliance with:

a. The Energy Star Qualified Homes Thermal Bypass Inspection Checklist

b. Fenestration u-factor requirements as listed in Energy Star Program for Doors, Windows & Skylights

c. Ducts sealed and tested with leakage  $\leq$  4 cfm per 100 sq ft of conditioned floor area

d. Indicate insulation R-Values and fenestration U-Factors below:

R-Values - Wall: \_\_\_\_\_ Ceiling: \_\_\_\_\_ Floor: \_\_\_\_\_ Slab: \_\_\_\_\_ Bsmnt Wall: \_\_\_\_\_

U-Factors - Windows: \_\_\_\_\_ Doors: \_\_\_\_\_ Skylights: \_\_\_\_\_

2. Performance Option (401.6):

Name & Reg. # of HERS rater: \_\_\_\_\_

a. units  $\geq$  2000 sq ft of conditioned space, a HERS rating of 80 or less is required

b. units  $<$  2000 sq ft of conditioned space, a HERS rating of 85 or less is required

c. all units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist

☐ **Residential Windows, Doors & Skylights – Energy Star Fenestration U-Factor Requirements** (see reverse side)

# of Windows \_\_\_\_\_

U-Factor(s) \_\_\_\_\_

# of Doors \_\_\_\_\_

U-Factor(s) \_\_\_\_\_

# of Skylights \_\_\_\_\_

U-Factor(s) \_\_\_\_\_

**Note:** Please leave manufacturers stickers on windows for inspection verification.

\*\*\* PLEASE SEE REVERSE SIDE FOR MANDATORY IECC 2009 REQUIREMENTS \*\*\*

## 2009 IECC MANDATORY REQUIREMENTS

- 401.3 Certificate – Posted on or near Elec Panel and list R&U values- equip efficiency
- 402.4 Air Leakage – Building Thermal Envelope sealed to limit infiltration
- 402.4.3 Fireplace – shall have gasketed doors and outdoor combustion air
- 402.5 Maximum U Value
- 403.1 Systems Control - One programmable thermostat for forced air system
- 403.2.2 Duct Sealing – all ducts shall be sealed
- 403.2.3 Building Cavities – framing cavities shall not be used as supply ducts
- 403.3 Mechanical System Piping Insulation – minimum insulation of R-3
- 403.4 Circulating Hot Water System – minimum insulation of R-2
- 403.5 Mechanical Ventilation – intake & exhaust shall have automatic or gravity dampers
- 403.6 Equipment Sizing – in accordance with ACCA manual S per M1401.3 of IRC
- 403.7 Systems Serving Multiple Dwelling Units – see sections 503 & 504 of IECC 2009
- 403.8 Snowmelt Systems Controls – provide automatic or manual shutoff controls
- 404.1 Lighting Equipment – min of 50% of lighting fixtures shall be high-efficacy lamps

**TABLE 402.1.1 – CLIMATE ZONE 5 ONLY  
INSULATION REQUIREMENT BY COMPONENT<sup>a</sup>**

Climate Zone	Ceiling R-Value	Wood Frame-Wall R-Value	Mass Wall R-Value <sup>i</sup>	Floor R-Value	Basement <sup>c</sup> Wall R-Value	Slab <sup>d</sup> R-Value & Depth	Crawl Space <sup>e</sup> Wall R-Value
5 (MA)	38	20 or 13+5 <sup>h</sup>	13/17	30 <sup>g</sup>	10/13	10, 2 ft	10/13

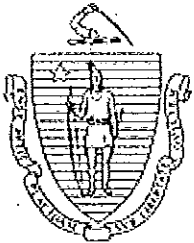
Footnotes (Modified for Climate Zone 5 only):

- a. R-values are minimums. U-factors are maximums. R-19 batts compressed into a nominal 2 x6 framing cavity such that the R-value is reduced by R-1 or more shall be marked with the compressed batt R-value in addition to full thickness R-value.
- c. "10/13" means R-10 continuous insulated sheathing on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall.
- d. R-5 shall be added to the required slab edge R-values for heated slabs. Insulation depth shall be the depth of the footing or 2 feet, whichever is less in Zones 1 through 3 for heated slabs.
- g. Or insulation sufficient to fill the framing cavity, R-19 minimum.
- h. "13+5" means R-13 cavity insulation plus R-5 insulated sheathing. If structural covers 25 percent or less of the exterior, insulating sheathing is not required where structural sheathing is used. If structural sheathing covers more than 25 percent of exterior, structural sheathing shall be supplemented with insulated sheathing of at least R-2.
- i. The second R-value applies when more than half the insulation is on the interior of the mass wall.

## ENERGY STAR FENESTRATION U-FACTOR REQUIREMENTS FOR RESIDENTIAL DOORS, WINDOWS & SKYLIGHTS

WINDOWS		DOORS			SKYLIGHTS	
U-Factor	SHGC <sup>a</sup>	Glazing Lvl	U-Factor	SHGC <sup>a</sup>	U-Factor	SHGC <sup>a</sup>
≤ 0.30	any	opaque	≤ 0.21	no rating	≤ 0.55	any
= 0.31	≥ 0.35	≤ ½ lite	≤ 0.27	≤ 0.30		
= 0.32	≥ 0.40	> ½ lite	≤ 0.32	≤ 0.30		

a. SHGC – Solar Heat Gain Coefficient



The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
[www.mass.gov/dia](http://www.mass.gov/dia)

Print Form

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |   |   |
|---|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

*I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.*

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.**

*I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)